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ABSTRACT

This annotated bibliography on health education contains citations of current journal articles, monographs, conference proceedings, reports, and nonpublished items. The following topics are covered: community health education: health education methodology: health education policy issues: health education training and development: health promotion/ prevention: industrial health education: lifestyle: nutrition education: patient education: research and evaluation: school health education: self-care: sex education: and smoking education/smoking cessation. (JD)

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CURRENT AWARENESS IN HEALTH EDUCATION

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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CURRENT AWARENESS IN HEALTH EDUCATION

Introduction

"Current Awareness in Health Education" is published monthly by the Bureau of Health Education as a dissemination vehicle for the growing body of published and nonpublished works in health education. It includes citations and annotations to current journal articles, monographs, conference proceedings, reports, and nonpublished items selectively acquired. Since timeliness is desired, only citations of documents published from 1977 forward are included.

Bureau staff extract health education items from publications, bibliographies, and other data sources for inclusion into its data base. These items are then categorized, indexed, accessioned, and published with complete bibliographic citations in "Current Awareness in Health Education." The annotation following the citation is a direct excerpt or abstract from the published work and is not an abstract prepared by the Bureau of Health Education. Copies of each item cited will be permanently stored in the Bureau's collection for further staff review and future reference. Users desiring personal copies of items are urged to utilize their own immediate information sources such as public, medical, or university libraries. Publishers and/or distribution sources of reports, proceedings, and monographs are included in the citation.

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Subject categories reflect several active areas in health education as well as major interests in the Bureau. By necessity, these categories are broad and are subject to change and revision. Because of the broad nature of health education itself, many items cited could be listed under two or more categories. To prevent such duplication, cross-references to citations appear after the last citation of the section.

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79-0409 Bosch SJ, Merino R, Zambrana R
Training of a community board to increase the effectiveness of a health center. Public Health Reports 94(3):275-280, May-Jun 78

In this report the authors present the results of an educational project aimed at improving the health care knowledge and skills in group planning and policy making of the members of a community board. The board governs a bicultural and bilingual neighborhood health center in the east Harlem section of New York City.

79-0410 Degutis E
Gunnison is model for community health education. AAPHER Update 6-7, Jan 79

79-0411 Guyton R, Lafferty G
Rural health education in a professional preparation program. Health Education 8(6):37, Nov-Dec 77

79-0412 Hickey JC
Older volunteers use and learn special skills in seven model health projects. Hospitals 52(22):128-130, 132, Nov 16, 1978

Innovative projects tap new resource--highly skilled and professional persons who are 55 or more years old--to meet special community health needs. This article presents synopses of these innovative projects.

79-0413 Hospitals
Hospital basement recycled to provide engaging center for health testing, education. Hospitals 52(6):49, 50, 54, Mar 16, 1978

79-0414 Kanaaneh HAK
Health education in developing countries. Public Health Reviews 6(3-4):239-276, Jul-Dec 77

Health education is of great relevance in developing communities as it is a means of improving the health level which is an integral part of the overall socioeconomic development. It must be undertaken in conjunction with health services which should involve consumer participation at an early stage. Its

focus is on changing behavior in respect to healthful living both at the individual and community levels. Health education subjects in developing communities include maternal and child health (MCH), nutrition, family planning and infectious diseases. Every member in the health team must be a health educator. Personal methods, especially when used by indigenous community health workers, are best suited to induce health behavior change in developing communities. Mass media as a rule is less suited for this, although radio can inform large segments of the population.

79-0415 McKinney MM, McMillan RE

Assessing community health education needs through a health fair opinion survey: a case study. Warner Robbins, Georgia, Health Systems Agency of Central Georgia, Inc., Springfield, Virginia, National Technical Information Service, HRP-0900454, Jun 15, 1978, 26 pp.

This publication presents the results of a health opinion survey which was conducted by the Health Systems Agency of Central Georgia, Inc. at an area health fair during March 1978. The survey dealt with the public's attitude toward health education, their perceived health education needs, and their awareness of where to seek help for the major health problems identified in the 1978 Central Georgia Health Plan. Part II of this document describes the extent to which other health systems agencies in the nation have participated in health fairs as well as surveys which they have conducted relating to health education.

79-0416 Riddick CC, Cordes SM, Crawford CO

Educational needs as perceived by community health decision makers. Public Health Reports 93(5):474-478, Sep-Oct 78

In 1974, the Cooperative Extension Service of the Pennsylvania State University was awarded a grant to help meet the educational needs of community health decision makers. The grant's objective was to increase the knowledge of these decision makers so that they could become more effective in identifying and resolving community health problems. Before developing educational materials and as a guide to the subjects that should be covered, the authors attempted to identify specific informational and educational needs of the decision makers in health matters. The methodology and results of that effort will be described. Three questions were addressed in the study: (1) What specific informational and educational needs

do community health decision makers perceive as most important? (2) Do decision makers who are providers of health care differ from consumers of health care in their perception of informational and educational needs? (3) Do these needs, as perceived by the decision makers, vary according to the nature of the decision maker's community and its supply of health care resources?

79-0417 Savitz D, Mauss EA
A community health project in ten-year perspective. Public Health Reports 92(6):570-581, Nov-Dec 77

In this report the authors describe the general sociological, political, and economic background of Amelia County, Virginia, the health project set up there in 1965, the health scene in 1975, and their conclusions as to whether the 1965 project had a significant impact.

79-0418 Shelton CR
Pontiac MDs describe medicine to radio audience. Michigan Medicine 77(23):456, Aug 78

79-0419 Smith BC
Community health; an epidemiological approach. New York, Macmillan Publishing Company, 1979, 348 pp.

79-0420 Thistleton KS
The abusive and neglectful parent: treatment through parent education. Nursing Clinics of North America 12(3):513-524, Sep 77

The treatment of abusive and neglectful parents through family life education is an attempt to help the parents develop nurturing and loving relationships within the family. A program of parent education initiated by the Family Development Program of the College of Medicine and Dentistry of New Jersey reaches out to these parents by presenting courses in parenting, including nutrition, home safety, child development, and play. More advanced courses deal with communication skills, problem solving, and discipline. Parents participate in group sessions, and staff members make home visits to help parents to

integrate what they have learned into their daily interaction with their children. Evaluation of the success of an education program is difficult, since many parents may be receiving several different services simultaneously. While the results are too complex to measure, the real test of family life education is the relationship parents ultimately establish with their children.

79-0421 U.S. Bureau of Community Health Services
An interim guide for health education in a health care system. Rockville, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, Health Services Administration, Bureau of Community Health Services, 1978, 19 pp.

Recognizing the need to assist with developing health education programs in health care systems, the Bureau of Community Health Services (BCHS) and the Bureau of Health Education (BHE) collaborated on this program guide. It is intended for personnel at national and regional levels who are responsible for authorizing and providing financial, technical, and other assistance in the initiation, development, monitoring, and assessment of health education components of health care system projects and potential applicants for support of health education services by the BCHS.

79-0422 Urban Health
Blue Cross, Red Cross and a television station present a major health fair in Atlanta. Urban Health 8(4):16,17, 22-24, 34, May 79

During the past several years, the explosive growth of health education programs has expanded to include virtually all sectors of American life. This feature takes an in-depth look at Health Fair Week activities held recently in Atlanta and the concept of health education and prevention of diseases.

See also, 79-0424, 79-0425, 79-0426, 79-0429, 79-0435, 79-0441, 79-0459, 79-0475, 79-0481, 79-0483, 79-0503

79-0423 Ensor PG, Means RK
Instructor's resource and methods handbook for health education. Boston, Allyn and Bacon, Inc., 2nd ed., 1977, 235 pp.

This handbook was designed to provide the health instructor with useful suggestions, guidelines, resources, and educational theory and to assist the health instructor to be more than a provider of information.

79-0424 Fors SW, Ulrich CO
Getting it together - confluent community health education. Health Values: Achieving High Level Wellness 1(5):200-206, Sep-Oct 77

Why do Americans settle for relatively low level wellness? These writers feel it is because their level of cognizance has not been raised sufficiently to reinforce existing positive health behavior or to motivate behavior change. The reason that it has not been sufficiently raised is because the principles of confluence have not been utilized, or conversely, because ineffective education and health service models have been utilized. The confluent approach takes planning and coordination; but keep in mind, if one fails to plan, he or she is, in essence, planning to fail.

79-0425 Hughes CD
An eclectic approach to parent group education. Nursing Clinics of North America 12(3):469-479, Sep 77

Many factors contribute to a need for parent education today. Parent education has changed over the past centuries as a result of our changing values, our increasing knowledge base, and changes in family structure. The parent education group attempts to meet the parents' need to validate their concerns and offer them process and skills that promote mental health in children. Two popular models of parent education, the reflective model and the behavioral model, stem from two schools of psychologic thought--the phenomenologic school and the behavioral school. Because of the weaknesses and strengths of each model an eclectic model of parent education is proposed which facilitates an authoritative pattern of parenting correlated with self-reliant, explorative, and self-controlled children. This eclectic model of parent education is perceived as being within the role description of the generalist nurse who has access to back-up specialists in the health care system. Many opportunities exist for the nurse to offer this type of health education.

79-0426 Lazes PM

The handbook of health education. Germantown, Maryland, Aspen Systems Corporation, 1979, 430 pp.

This handbook summarizes some steps individuals and communities can take to improve their own health. A wide variety of health education programs are described and successful strategies analyzed. An extensive bibliography and lists of organizations and people involved in health education programs are also included.

79-0427 Lucas WA, Heald KA, Bazemore JS

The Spartanburg interactive cable experiments in home education. Contract No. NSF-C-1022 of National Science Foundation, Santa Monica, California, Rand Corporation, R-2271-NSF, Feb 79, 153 pp.

This report seeks to inform citizens and public officials who are interested in the use of telecommunications for the delivery of educational programming. Interactive cable technology can potentially provide adult and continuing education outside conventional institutions. One set of experiments on the interactive cable system located in Spartanburg, South Carolina, was aimed at adults who have not completed their high school education; the other was aimed at parents interested in the principles of child development. These experiments attempted to determine: (1) whether sufficient numbers of students will be attracted to and enroll in courses that rely on home terminals, allowing students to respond interactively to educational programs; and (2) if these students can use the system to make satisfactory educational progress.

79-0428 Webb RAJ

Techniques in drug education. Medical Journal of Australia 2(9):426-427, Oct 21, 1978

Drug educators should resist the pressures that will be put on them by the public and by the politicians (the agents of the people) to produce highly visible, highly dramatic presentations based on information, detection, and fear. They should instead learn the skills required to run ongoing programs based on the active involvement of the participants. More important is the need for knowledgeable persons to agree to take part only in potentially productive programs, and for them to make known their reasons for refusing to appear in others.

See also, 79-0414, 79-0418, 79-0437, 79-0438, 79-0490, 79-0502

79-0429 Cooperative Extension Service

Health education in the Cooperative Extension Service: present status and recommendations for future action. Atlanta, Georgia, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education, Mar 78, 16 pp.

This report is a statement of the present status of health education in the Cooperative Extension Service and recommendations for needed action. It essentially is a statement of the past contributions of Extension in health education, the major changes which impact on health education programs, the health needs in society which Extension educational effects can help solve, and the action steps needed for Extension to fully realize the opportunities which exist in health education programs.

79-0430 Needle RH

The importance of wellbeing and the future of health education. Health Education 9(1):28-30, Jan-Feb 78

The health and wellbeing of our population and the discipline of health education have been, are presently, and will continue to be affected by rapid social, economic, and technological changes. The central thesis of this paper is to suggest that social, political, and economic systems must be considered as determinants of health. Unfortunately, this institutional perspective has not commanded the attention it deserves. The basic institutions in our society, the values underlying these structures, their purposes and goals, and their prescribed roles and normative expectations are basic factcors that must be understood if we are to derive a comprehensive perspective on health. Much of the thinking in health has been dominated by a focus on the individual—lifestyle choices (e.g., smoking, exercise, nutrition, drink, stressful activities) as if they were separate from the social context in which they occur. Our theoretical and empirical perspective and efforts as practitioners will be considerably improved if the individual view is synthesized with the larger institutional perspective.

See also, 79-0496

79-0431 Dayani E
Concepts of wellness. Nurse Practitioner 4(1):31, 34, 46, Jan-Feb 79

79-0432 Eta Sigma Gamma
A National directory of college and university school and community health educators. 6th ed., Muncie, Indiana, Eta Sigma Gamma, Professional Health Science Honorary, 1979, 372 pp.

79-0433 Grubb, AW
Hospital takes systematic approach to educational programs. Hospitals 52(24):78, 81, 84, Dec 16, 1978

After analysis of its educational programs showed them to be deficient, Deaconess Hospital, Evansville, Indiana, undertook the development of a comprehensive, systematic program of education and training. First steps were the establishment of an independent department of education and the preparation of an official position on the use and value of educational programs within the hospital.

79-0434 Koski A
A National study of administrative and curricular practices of Departments of Health, Health Education, and Health Science. Corvallis, Oregon, Oregon State University, Department of Health, 1978, 63 pp.

This research publication is a reference to existing practices and opinions of college and university health education administrators. The data included may assist college and university administrators and their faculties in comparing their health education programs with others throughout the U.S.

79-0435 Sondhi MC
Health education and social change. Nursing Journal of India 68(7):181-182, Jul 77

The author states that with the help of certain effective techniques of communication and educational aids, the Public Health Nurse should be trained to view illness and health problems in the context of socio-cultural realities and living conditions in addition to the biological determinants.

HEALTH EDUCATION TRAINING AND DEVELOPMENT

79-0436 Thomas JR, Weiss RA (ed.)
Completed research in health, physical education, and recreation; including international sources, Vol. 20. Washington, D.C., American Alliance for Health, Physical Education, and Recreation, 1978, 353 pp.

This compilation lists research completed in the areas of health, physical education, recreation, and allied areas during 1977. It is arranged in three parts: an index which gives cross references to all listings; a bibliography which lists published research, citing articles from 169 periodicals; and abstracts of theses from institutions offering graduate programs in health, physical education, and recreation.

See also 79-0411

HEALTH PROMOTION/PREVENTION

79-0437 Bruhn JG, Cordova FD
A developmental approach to learning wellness behavior, Part I: infancy to early adolescence. Health Values: Achieving High Level Wellness 1(6):246-254, Nov-Dec 77 (See 79-0438)

The purpose of this paper is to expand the concept of wellness by outlining how it can be learned throughout the process of growth and development, using Erikson's eight developmental stages as the framework. In order to fully discuss each of the eight stages of development, the paper is divided into two parts. Part I focuses on the relationship of wellness to the stages of development, from infancy to early adolescence. Part II discusses wellness as it relates to the stages from early adolescence to maturity. The paper strives to translate the concept of wellness into practical components so it can be taught, learned, and applied by a greater number of individuals.

79-0438 Bruhn JG, Cordova FD
A developmental approach to learning wellness behavior, Part II: adolescence to maturity. Health Values: Achieving High Level Wellness 2(1):16-21, Jan-Feb 78 (See 79-0437)

In Part I, the authors discussed how wellness behavior can be learned in the period of human development from infancy to early adolescence. The present paper continues this discussion for the developmental period from adolescence to maturity.

79-0439 Bruhn JG, Cordova FD, Williams JA, Fuentes RG Jr
The wellness process. Journal of Community Health 2(3):209-221, Spring 77

Wellness is viewed as a continually evolving and changing process related to the developmental stages of man and the individual's completion of certain developmental tasks. Wellness differs from good health; it is a measurable process in which individuals actively participate to become more healthy. The index proposed here for assessing or measuring wellness is based upon the individual's completion of the minimal wellness tasks appropriate to his developmental stage.

79-0440 Cunningham RM Jr
Forty years of trial, and error. Hospitals 52(23):91-93, 127, Dec 1, 1978

79-0441 Currier R
EPSDT: an experience in preventive health. Urban Health 7(3):18, 19, 56, 59-60, Apr 78

The Early and Periodic Screening, Diagnosis and Treatment Program is a step toward emphasis on preventive health. Success in preventive health will depend upon the initiative of the health care service consumer as well as that of the health care service provider. The coordinator of the Michigan EPSDT Program presents findings of a project to determine the constraints to EPSDT participation by consumers and to simultaneously ascertain an effective method of increasing participation.

HEALTH PROMOTION/PREVENTION

79-0442 Duncan DF
Mental health and health education: an emerging partnership. Urban Health 8(4):12-13, May 79

79-0443 Hedin D, Wolfe H, Arneson J
Minnesota youth poll; youth's views on health. St. Paul, Minnesota, University of Minnesota, Center for Youth Development and Research, Nov 77, 51 pp.

The Minnesota Youth Poll provides an ongoing method by which youth in Minnesota can state their opinions, expressions, and values regarding various issues. This section of the poll explores young people's ideas and concerns about health. The purpose was to learn more about how high school students perceive health and health care professionals and how they make decisions about seeking help.

79-0444 International Planned Parenthood Federation
The child, the family and responsible parenthood. London, International Planned Parenthood Federation, 1979, 43 pp.

79-0445 Ketels VB
Healing the whole person. Temple University Alumni Review 29(3):16-19, Winter 79

The concept of holistic medicine offers an alternative to traditional medical practices. Proponents believe that healing can be accomplished by treating the mind and body together.

79-0446 Mayes WF
Holistic health and high level wellness (Editorial). Health Values: Achieving High Level Wellness 9(6):244-245, Nov-Dec 77

79-0447 Meeks LB
The role of spiritual health in achieving high level wellness. Health Values: Achieving High Level Wellness 1(5):222-224, Sep-Oct 77

HEALTH PROMOTION/PREVENTION

79-0448 Olambiwonnu DV
A point of view on health education. Nigerian Nurse 10(3):13-14, 18, Jul-Sep 78

Health education is a professinal discipline which requires the application of social and behavioral scientific principles. It is necessary to start educating the young so that a sense of responsibility for the individual's own health is developed. The scope of health education is very broad, therefore it is imperative we look at the responsibilities of the health educator in that connection. It is necessary to involve those being educated, in the planning and implementation of programmes. The health educator's index of success is not how well the individual seems to accept a programme but how long a behavioral change can be maintained to the benefit of that individual.

See also, 79-0422, 79-0430, 79-0436, 79-0480

INDUSTRIAL HEALTH EDUCATION

79-0449 Cunningham RM Jr
What's good for General Motors. Hospitals 52(16):75-77, 80, Aug 16, 1978

79-0450 Kelsey JE
Job stress and work performance; the stress of relocation - recognition and prevention. pp. 123-134. In: Occupational Safety and Health Symposia, 1977. Cincinnati, Ohio, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, National Institute for Occupational Safety and Health, DHEW(NIOSH) Publication No. 78-169, Jun 78

79-0451 Kinter JA, Swanson RM
Hospital offers cardiac crisis program to industry. Hospitals 52(21):143-145, Nov 1, 1978

A university medical center has initiated a cardiac crisis plan that reaches out to industry to promote preventive health care among employees. The program described in this article served as a marketing tool for the medical center to establish its credibility among business leaders.

INDUSTRIAL HEALTH EDUCATION

79-0452 Levine RJ (ed.)
Asbestos; an information resource. Bethesda, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, National Cancer Institute, Division of Cancer Control and Rehabilitation, DHEW Publication No. (NIH) 79-1681, May 78, 105 pp.

See also, 79-0456

LIFESTYLE

79-0453 Camacho TC, Wiley JA
Further evidence on the relation between health practices and physical health status: preliminary results of longitudinal study. Berkeley, California, California State Department of Health, Human Population Laboratory, 1977, 7 pp.

79-0454 LaDou J, Sherwood JN, Hughes I.
Health hazard appraisal counseling - continuing evaluation (Preventive Medicine). Western Journal of Medicine 130(3):280--285, Mar 79

A program of annual health examinations was expanded to include counseling based on a computerized appraisal of individual patients' specific health risk factors. Data obtained from a specially designed questionnaire, laboratory tests and a physical examination yielded a health hazard appraisal showing a number of weighted risk factors and their relation to ten leading causes of death as determined for that patient. From all of this information, a "risk age" was developed which could then be compared with the patient's "true age." The results were reviewed with each patient, and methods of correcting health hazards were stressed. The first annual retesting of a

group of 107 examinees showed a net risk age reducton of 1.4 years. The longer term follow-up reported in this paper showed a net risk reduction of 2.38 years in a group of 26 examinees. The net risk age reduction in the two groups represented 32 and 40 percent, respectively, of the achievable risk age reduction when patients comply with suggestions made during risk reduction counseling. These findings indicate that health hazard appraisal counseling is an effective method of altering priorities of health practices.

79-0455 Relman AS

Holistic medicine (Letter). New England Journal of Medicine 300(6):312-313, Feb 8, 1979 (See 79-0470)

79-0456 Robbins LC

Problems in occupational health programming; the benefit-to-risk ratio in occupational health. pp. 318-328. In: Occupational Safety and Health Symposia, 1977. Cincinnati, Ohio, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, National Institute for Occupational Safety and Health. DHEW(NIOSH) Publication No. 78-169, Jun 78

See also, 79-0410, 79-0420, 79-0445, 79-0450, 79-0470, 79-0484

NUTRITION EDUCATION

79-0457 Carlin JM

Nutrition education for the older American. Durham, New Hampshire, New England Gerontology Center, 1978, 36 pp.

79-0458 Mudgett M, Culjat D

Sensible dieting. Health Education 8(6):35, Nov-Dec 77

The search to be thin can be confusing and costly to the consumer. Students need accurate, unbiased information to make decisions about weight control and learn how to protect their pocketbooks at the same time. This article includes assignments which are methods of educating the potential consumer.

NUTRITION EDUCATION

79-0459 Smiciklas-Wright H, Ippolito R, Colins JE
Nutrition counseling at planned parenthood centers. Public Health Reports 94(3):239-242, May-Jun 78

This study addresses three questions that the authors believe should be considered before a family planning service implements a comprehensive program of dietary assessment and nutritional counseling. What is the present extent of the nutrition education component of a comprehensive nutrition service? Who provides this education? Do family planning counselors consider nutrition education an appropriate program component?

PATIENT EDUCATION

79-0460 American Hospital Association
Implementing patient education in the hospital. Contract No. 200-75-5042 of U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education. Chicago, Illinois, American Hospital Association, AHA Catalog No. 1488, 1979, 293 pp.

This book provides patient education coordinators with materials and information needed to assess, plan, implement and evaluate their hospitals' programs. Each chapter includes a purpose statement, objectives for the reader, content, work sheets designed to help the reader utilize the content in his or her own situation and hospital, and examples of program components or supporting documents.

79-0461 American Hospital Association
Staff manual for teaching patients about chronic obstructive pulmonary diseases. Contract No. 200-75-5042 of U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education. Chicago, Illinois, American Hospital Association, AHA Catalog No. 1317, 1979, 406 pp.

This manual is to be used as a resource for hospital staff members to help patients manage their chronic obstructive pulmonary diseases. It is designed for use by all health care professionals who have an interest in educating patients and their families. The intent is to provide enough information to ensure that the staff can develop a shared frame of reference and knowledge base in order to coordinate patient education and reinforce important messages. This book can serve as a guide for

training staff and improving patient education not only in hospitals but also in outpatient settings or community health education programs. Although many of the examples and exercises are mostly applicable to hospitals, the content includes some information that patients might learn more effectively in outpatient settings.

79-0462 Beaven DW, Helm A, Stafford JA, Hunter AD
Patient self-sufficiency: reorganization of a diabetes clinic. New Zealand Medical Journal 620(88):250-253, Sep 27, 1978

Because of shortages of trained medical staff in recent years, dietitians assigned to the diabetic clinic have been increasingly used in patient education. A lay voluntary worker from the local diabetes society developed an informal education group among teenagers in 1973. By 1974, because of the pressure of new referrals to the diabetes outpatient services, Christchurch, a decision was made to reorganize the diabetes services. A major aim was increasing patient self-sufficiency and a reduction in the number of patient visits. Three lines of action were undertaken: (1) the appointment of a diabetes educator to be responsible for supervising all patient education; (2) an investigation into the method of reporting blood sugars in order to provide some feedback to the patient; and (3) an audit of the organization of patient flow-through in the clinic. This paper reports the results of such reorganization three years after these steps were initiated.

79-0463 Becker MH, Radius SM, Rosenstock IM, Drachman RH, Schuberth KC, Teets KC
Compliance with a medical regimen for asthma: a test of the health belief model. Public Health Reports 93(3):268-277, May-Jun 78

79-0464 Cancer Information Clearinghouse
Skin cancer education materials; selected annotations. Bethesda, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, National Cancer Institute, Office of Cancer Communications, Cancer Information Clearinghouse, DHEW Publication No. (NIH) 78-1551, Feb 78

This bibliography is intended for use by health care providers and communicators and contains citations to public education,

professional education, and selected general reference materials that present a variety of approaches to cancer prevention and education.

79-0465 Chewning B

Staff manual for teaching patients about hypertension. Contract No. 200-75-5042 of U.S. Department of Health, Education, Public Health Service, Center for Disease Control, Bureau of Health Education. Chicago, Illinois, American Hospital Association, AHA Catalog No. 1319, 1979, 326 pp.

This manual is a resource for hospital staff members to help patients manage their hypertension. It is designed for use by all health care professionals who have an interest in educating patients and their families. The intent is to provide enough information to ensure that the staff can develop a shared frame of reference and knowledge base in order to coordinate patient education and reinforce important messages. This book can serve as a guide for training staff and improving patient education not only in hospitals but also in outpatient settings or community health education programs. Although many of the examples and exercises are mostly applicable to hospitals, the content includes some information that patients might learn more effectively in outpatient settings.

79-0466 Currie BF, Renner JH

Patient education - developing a health care partnership. Postgraduate Medicine 65(1):177-182. Jan 79

Most family physicians approve of patient education, although as yet the degree to which it is effective in improving outcomes has not been fully documented. Clearly the challenge is to find ways to prove to skeptics that the approach is necessary and valid and, in the long run, cost-effective, because it makes the patient a partner in the health care system.

79-0467 D'Altroy LH, Blissenbach HF, Lutz RN

Patient drug self-administration improves regimen compliance. Hospitals 52(21):131-136, Nov 1, 1978

Through a hospital's three-phase program, inpatients learned about their medications and gradually accepted responsibility for self-administration of these medications, for developing their schedules, and for adhering to their regimens. A post-discharge follow-up study showed that the program had substantially improved patient compliance with medication regimens.

PATIENT EDUCATION

79-0468 Espenshade JE

Staff manual for teaching patients about diabetes mellitus. Contract No. 200-75-5042 of U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education. Chicago, Illnois, American Hospital Association, AHA Catalog No. 1318, 1979, 385 pp.

This manual is a resource for hospital staff members to help patients manage their diabetes mellitus. It is designed for use by all health care professionals who have an interest in educating patients and their families. The intent is to provide enough information to ensure that the staff can develop a shared frame of reference and knowledge base in order to coordinate patient education and reinforce important messages. This book can serve as a guide for training staff and improving patient education not only in hospitals but also in oupatient settings or community health education programs. Although many of the examples and exercises are mostly applicable to hospitals, the content includes some information that patients might learn more effectively in outpatient settings.

79-0469 Fardy PS

Cardiac rehabilitation program focuses on total patient. Hospitals 52(21):101-102, 104, 106-108, Nov 1, 1978

One hospital's attempt to combat the nation's leading cause of death is presented here. This medium-sized community hospital has initiated a cardiac rehabilitation program that encompasses the psychosocial as well as the physical well-being of the patient. The three-phase plan involves regular physical examinations, educational counseling for patients and families, and individualized inpatient and outpatient exercise regimens.

79-0470 Fiore N

Fighting cancer - one patient's perspective. New England Journal of Medicine 300(6):284-289, Feb 8, 1979

PATIENT EDUCATION

79-0471 Flancbaum L, Guterman H, Gessman P, Tenenzapf M, Spiegel AD
"Sidewalk" blood-pressure screening: effective and low-cost method. New York State Journal of Medicine 78(6):944-948, May 78

This article describes the authors' experiences with a low-cost method of early detection and effective follow-up of hypertensive disease coupled with patient education and easy access to health care. Their investigation showed that people will respond in great numbers to health professionals offering to screen them for high blood pressure free of charge. More than 22,000 individuals were seen by the authors. About 30 percent of the group were hypertensive, and almost 5 percent were not aware of their condition.

79-0472 Garber R
The use of a standardized teaching program in diabetes education. Nursing Clinics of North America 12(3):375-391, Sep 77

This article discusses a standardized plan for the patient with diabetes which has been implemented in one institution to structure the methods and content of diabetic education. To meet the specific needs of each diabetic patient the plan must be individualized by the primary nurse caring for the patient. The plan requires frequent evaluation and revision to update the content and materials used. The author's experience with the use of a standardized program for diabetes education was that it provided primary nurses with a systematic approach to this important facet of nursing care.

79-0473 Moffitt P, Fowler J, Eather G
Bed occupancy by diabetic patients. Medical Journal of Australia 1(6):244-245, Mar 24, 1979

The Royal Newcastle Hospital Diabetic Education and Stabilization Centre was instituted primarily to improve diabetics' understanding of their disease and its everyday management. Simultaneously with a five-day education course, stabilization of insulin-dependent diabetics was undertaken on an outpatient basis. In order to disseminate diabetic education as widely as possible, trained nurses from near and far were included in each course. It is believed that these nurses will be able to offer good advice to diabetics who have no other source of reliable information. By actively attempting to reduce hospital bed occupancy by diabetics there has been a reduction of 1,400 bed days per year. It is recommended that similar centres be instituted throughout Australia.

79-0474 Myers SA

Diabetes management by the patient and a nurse practitioner. Nursing Clinics of North America 12(3):415-426, Sep 77

Many reasons are projected by health professionals as to why patients fail to comply with programs of medical management. When patients are asked why they do not follow the plan of care, most willingly assume the burden of failure or deny the problem exists. The program outlined in this article was an attempt to assist patients to assume more knowledgeable responsibility for their own management and to allow time for modification of behavior so that compliance was possible.

79-0475 Pritchett S

Patient, family, & community health education; design & management of hospital based programs. Atlanta, Georgia, Pritchett & Hall Associates, Inc., Jul 77, 84 pp.

This workbook was designed for a coordinator or director of health or patient education. It takes the reader through steps involved in developing a hospital-wide program for patients and families and includes community-outreach education aimed at disease prevention and health promotion.

79-0476 Ragland DR

Behavioral approaches to the treatment of hypertension: a bibliography. Bethesda, Maryland, U.S. Department of Health, Education, and Welfare, Public Health Service, National Institutes of Health, National Heart, Lung, and Blood Institute, National High Blood Pressure Education Program, DHEW Publication No. (NIH) 77-1219, 1977, 56 pp.

This bibliography was compiled in conjunction with the preparation of two papers on behavioral approaches to the treatment of essential hypertension. It contains eight sections dealing with separate non-pharmacological or behavioral treatment categories and a short section containing references generally

relevant to hypertension. In addition, a section is included for references dealing with etiologic mechanisms involved in essential hypertension. This section contains experimental and theoretical articles relevant to the various treatment categories as well as articles on general hemodynamics.

79-0477 Suren JV

Education of the culturally and educationally deprived diabetic. Nursing Clinics of North America 12(3):427-437, Sep 77

The Diabetes Teaching Service of Michael Reese Medical Center has had an educational program in effect for the outpatient clinic populations for the past two and one half years. This program has as its basis the concept that the educated patient is the vital component in the delivery of quality medical care. Another fundamental is the acknowledgment that the patient need not be literate to understand his diabetes and to assess and treat emergent problems resulting from diabetes. The experience of the Diabetes Teaching Service has proved that these tenets are true. The populations served by the Diabetes Teaching Service consist of approximately 500 diabetics cared for in the Diabetes, Internal Medicine, Ob-Gyn, Pediatric, Surgery, and other clinics of Michael Reese Medical Center. They are about 90 per cent black with a 10 percent mixture of white and Chicano. The majority are economically disadvantaged and many are culturally and educationally deprived.

79-0478 Wallace N, Wallace DC

Group education after myocardial infarction - is it effective? Medical Journal of Australia 2(8):245-247, Aug 20, 1977

An analysis of the results of a study of a group of post-infarction patients who had received group instruction concerning the nature of myocardial infarction, compared with patients not so instructed, is presented. Contrary to expectation, anxiety levels as measured by the Catell IPAT Anxiety Scale were significantly higher in patients who experienced group education. Regardless of this finding, patients were subjectively appreciative of education.

PATIENT EDUCATION

79-0479 Wallace R, Heiss ML, Bautch JC
Staff manual for teaching patients about rheumatoid arthritis. Contract No. 200-75-5042 of U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, Bureau of Health Education. Chicago, Illinois, American Hospital Association, AHA Catalog No. 1320, 1979, 460 pp.

This manual is a resource for hospital staff members to help patients manage their rheumatoid arthritis. It is designed for use by all health care professionals who have an interest in educating patients and their families. The intent is to provide enough information to ensure that the staff can develop a shared frame of reference and knowledge base in order to coordinate patient education and reinforce important messages. This book can serve as a guide for training staff and improving patient education not only in hospitals but also in outpatient settings or community health education programs. Although many of the examples and exercises are mostly applicable to hospitals, the content includes some information that patients might learn more effectively in outpatient settings.

See also, 79-0433, 79-0444

RESEARCH AND EVALUATION

79-0480 Becker MH, Nathanson CA, Drachman RH, Kirscht JP
Mothers' health beliefs and children's clinic visits: a prospective study. Journal of Community Health 3(2):125-135, Winter 77

This paper reports results from a prospective study of the relationship between mothers' health attitudes and beliefs and their utilization of pediatric clinic services for their children. Attitudinal data were obtained in interviews with a random sample of mothers attending the Children and Youth clinic of a large teaching hospital; data about children's clinic visits during a period of 3-1/2 years subsequent to the interview were abstracted from their medical records. Four aspects of clinic utilization were examined: visits for well-child

care; acute-illness visits; accident-related visits; and appointment keeping. Health attitudes were found to be associated with both preventive and illness/accident visits, but in opposite directions. Mothers with an active, interventionist orientation towards health care and mothers who attributed good health and low illness-susceptibility to their children were high users of preventive services and generated few illness/accident visits. Conversely, more passive mothers, and mothers who perceived their children to be in poor health and susceptible to illness, were responsible for fewer well-child and more illness/accident visits. Mothers' agreement with the physician's diagnosis at the index visit was an additional strong predictor of use of well-child services, while disagreement was associated with more visits for illness and accidents. The convenience of appointment times and general satisfaction with the clinic were the best predictors of appointment keeping. These results indicate the importance of distinguishing between different dimensions of health care utilization in studies that attempt to account for this behavior; they also suggest that modification of health attitudes may prove to be an effective way to bring about positive changes in patterns of health services use.

79-0481 Blinkhorn AS

Dentists and health visitors: an investigation into their agreement on acceptable oral hygiene regime for preschool children. Health Education Journal 37(3):193-195, 1979

The leading group in matters of dental health are the dentists in the community who explain the problems caused by dental neglect and offer the appropriate solutions. However, there may be conflict between what dentists consider to be desirable oral health habits and those suggested by other health workers. This study was designed to measure the agreement between dentists and health visitors on the appropriate oral hygiene advice to give mothers with young children.

79-0482 Iverson DC

Reassessment of the knowledge/attitude/behavior triad. Health Education 8(6):31-34, Nov-Dec 77

79-0483 Sullivan JA, Armignacco F
Effectiveness of a comprehensive health program for the well-elderly by community health nurses. Nursing Research 28(2):70-75, Mar-Apr 79

Effectiveness of three nursing approaches used in providing health care for the well-aging was tested experimentally by selecting three matched groups among a well-aging population of 195 who lived in three housing units for the elderly. The approaches differed in extensiveness of physical and psychosocial assessment and in involvement of residents in screening, counseling, and health education sessions. Health status was measured before and after one year of implementation by specific observations and structured interviews. Residents who received the extensive nursing program reported increases in their positive perceptions of their own health, learned to respond effectively to health screening programs, and showed increases in the number who were under primary care. The data supported study hypotheses that predicted higher levels of health for persons who had the opportunity of extensive and specific nursing interventions.

79-0484 Yankelovich, Skelly and White, Inc.
The General Mills American family report 1978-79: family health in an era of stress. Minneapolis, Minnesota, General Mills, 1979, 192 pp.

This study is the third in a series of research reports conducted by Yankelovich, Skelly and White, Inc. for General Mills. This third report deals with family health - physical, psychological, emotional - and the value structure that both contributes to and creates barriers to a more healthful way of life. The focus of the study is threefold: a comprehensive probe of the adult family members' views; a look at teenagers and how they view their own and their families' health; and the extent to which spouses are in agreement about key aspects and issues of health attitudes and behavior. Approximately 33 demographic and nondemographic variables were used in this analysis of family health attitudes, behavior, and the values that underlie them.

See also, 79-0415, 79-0416, 79-0453, 79-0459, 79-0463, 79-0467, 79-0478, 79-0486, 79-0491, 79-0494, 79-0505, 79-0506

79-0485 Cornacchia HJ, Staton WM
Health in elementary schools. 5th ed., St. Louis Missouri, C.V. Mosby Company, 1979, 434 pp.

Dealing with the basic aspects of school health education - curriculum, values, methods and strategies, human and material resources - health services, and healthful school environment, this book has three broad purposes. It seeks to help elementary teachers recognize more clearly their responsibilities and opportunities for protecting and improving the health of their pupils; it provides information that teachers want and need; and it is concerned with developing understanding and skill in curriculum development, teaching methods, and source materials.

79-0486 Dennison D, Prevet T, Affleck M
Does alcohol instruction affect student drinking behavior? Health Education 8(6):28-30, Nov-Dec 77

Can alcohol education change alcohol related behavior? A review of the literature indicates there are only two programs to date that have attempted to evaluate results of alcohol education programs in terms of behavior change. The one study by William, DiCicco, and Unterberger showed that there was a strong tendency for high school students to become intoxicated less often after a one week alcohol education program. In the other study, Dennison reported a significant difference in the frequency of perceived intoxication and showed a decline in automobile use during and after drinking as a result of alcohol-related field experiences. In these two studies, different instructional strategies were used: small group discussion versus field experiences. One population consisted of high school students while the other was composed of college students. From a design standpoint, each study had more than one experimental and control group and both used anonymous self-report inventories to measure behavior. The successful aspects of these studies, including small group discussion and alcohol related field experiences, were incorporated into the Alcohol Instructional Model (AIM) described in this article.

79-0487 Dobbelaere CJ
A teaching strategy on tragedy. Health Education 8(6):11-12, Nov-Dec 77

79-0488 Greene WH, Genne FH, Legos PM
Health education in the elementary school. New York, Macmillan Publishing Company, 1978, 397 pp.

79-0489 Hoyman HS
Improving health curriculum scope in the modern world. Health Values: Achieving High Level Wellness 1(6):262-269, Nov-Dec 77

79-0490 Leske GS, Ripa LW
Guidelines for establishing a flouride mouthrinsing caries prevention program for school children. Public Health Reports 92(3):240-244, May-Jun 77

79-0491 Newman IM, Martin GL, Darst R
Adolescent health knowledge revisited. Nebraska Medical Journal 63(12):406-408, Dec 78

In 1973 the Nebraska Medical Journal published an article reporting that health knowledge among Nebraska high school seniors was lower than nationally standardized norms. This report is a second assessment of health knowledge of the State's adolescents, and discusses health knowledge among eighth graders. A newly developed and nationally standardized health knowledge test was used. Results of this investigation indicated that health knowledge scores of a sample of Nebraska's eighth grade students were similar to those achieved by a national sample, and that in only 3 of 11 specific health areas did the knowledge scores of students who had received instruction in those specific topics surpass the scores of students who had received no health instruction. Teacher training appeared to be an important variable associated with student achievement.

79-0492 Russell RD
Educating about death. Health Education 8(6):8-10, Nov-Dec 77

In some models death has been equated with the complete absence of health or human functioning, but another concept is becoming more widely accepted. Death can be "the final stage of growth." Death education can affect how one responds when someone dies, but paradoxically, by learning about death many people become more aware of the value of life.

SCHOOL HEALTH EDUCATION

79-0493 Terhune J
About aging and death. Health Education 8(6):13-16, Nov-Dec 77

This article presents a scope and sequence chart for aging, death and grief education in grades K-12. The chart also includes ideas for integrating these gerontology issues into the common subjects taught in the schools.

79-0494 Vogt AT
Will classroom instruction change attitudes toward drug abuse. Psychological Reports 41(3):973-974, Dec 77

A classroom drug-education program was evaluated in the field to determine if it changed attitudes toward the abuse of marijuana, stimulants, depressants, LSD, and heroin. The subjects were 80 7th graders from middle-class homes. The results indicated that the program did not significantly change drug-abuse attitudes.

79-0495 Willgoose CE
Health teaching in secondary schools. 2nd ed., Philadelphia, W.B. Saunders, 1977, 457 pp.

This is a source book for curriculum development written for middle and secondary school teachers with real emphasis on health teaching and how it can be carried out in a fascinating and exciting manner.

See also, 79-0423, 79-0443, 79-0447, 79-0499, 79-0500, 79-0501

SELF-CARE

79-0496 Andrews LB, Levin LS
Self-care and the law. Social Policy 9(4):44-49, Jan-Feb 79

The 51 medical practice acts (one for each state and the District of Columbia) define the practice of medicine and then limit the practice to licensed individuals. As currently drafted, the statutes' broad reach could conceivably encompass anyone who treats self or family. In limiting the right to provide health care to licensed professionals, the medical practice acts overlook the option of self-care.

SELF-CARE

79-0497 Bond GR, Borman LD, Bankoff E, Daiter S, Lieberman MA, Videka L
Mended Hearts: a self-help case study. Social Policy 9(4):50-57, Jan-Feb 79

Over the past several years the authors have been engaged in a series of comparative empirical studies on self-help groups for persons experiencing stressful life events. These studies have addressed a range of issues about the emergence and formation of these organizations and their impact on their members. This article reports on one medical self-help organization, Mended Hearts (a national organization for heart surgery patients and their families), and is directed toward providing information on its organizational growth.

See also, 79-0474

SEX EDUCATION

79-0498 Commonwealth of Virginia
Family life education - curriculum guidelines. Richmond, Virginia, Commonwealth of Virginia, Department of Education and Department of Health, 1978, 60 pp.

This publication was developed to assist school divisions that are interested in including family life education within the curriculum of their schools. The guide is arranged so that individual sections may be selected for use and also contains a list of resource materials.

79-0499 Darden JS Jr
Human sexuality and sex education: looking back and moving ahead. Health Values: Achieving High Level Wellness 1(6):270-273, Nov-Dec 77

79-0500 Felman YM, Santora FJ
Venereal disease education in public high schools (New York City). Urban Health 7(4):24-26, May 78

This paper traces the successful efforts of the Bureau of Venereal Disease Control in obtaining VD education in New York City high schools, and the specific methods used to achieve this goal. Two prerequisites are needed for implementing a community-wide VD education program: the importance for community and mass media support of VD education; and the need to distinguish between VD education and sex education.

79-0501 McNab WL
Contraceptive education: who is responsible for implementation? Health Values: Achieving High Level Wellness 2(1):35-39, Jan-Feb 78

In identifying the problem of teenage pregnancy and the process through which we can deal with the implementation of contraceptive education, it is essential that parents, educational personnel, and the adolescents themselves accept responsibility for reducing the epidemic of teenage pregnancies. With this in mind, each must ask oneself as a parent what can be done to provide an understanding of contraceptive information and reduce communication barriers between one's son or daughter? As an educator how can one help adolescents accept responsibility for their own sexuality and become confident in making contraceptive decisions? As an individual adolescent how does one become knowledgeable and receptive enough to positive parental and educational guidance regarding contraception, to decide for oneself what is best for one's own sexual situation? It is apparent that young people are engaging in sexual activities at an earlier age and that most are not practicing any means of contraception. A lack of knowledge or implementation of knowledge, guilt associated with premeditation, inaccessibility and a lack of responsibility are the key obstacles preventing the use of contraception. However, when factual information is provided to adolescents, when the contraceptives are available and acceptable to them, and when they have positive feelings regarding their own sexuality, the author is confident these young men and women will accept the responsibility of preventing unwanted pregnancies. While the adolescent pregnancy dilemma will never be eliminated, certainly through collective efforts, the incidence can be reduced.

SEX EDUCATION

79-0502 McNab WL

The implementation of contraceptive education. Health Education 8(6):36, Nov-Dec 77

Contraceptive education is not only providing information and services to prevent teenage pregnancy, but also education for young men and women who later in life may want a family and will need to select a method of birth control that will allow them to plan for a wanted pregnancy. In addition, contraceptive education teaches those who do not want children to select a method which will allow them the nonparent life style they wish to live. The author feels it is imperative that educators of sexuality reinforce cognitive objectives and principles through relevant learning activities which will enhance the total sexuality and decision making skills of today's young people. This article includes learning activities which are structured for three different target groups--the junior high school student, the senior high student, and the parent.

79-0503 Planned Parenthood of Atlanta and Georgia Department of Human Resources

Cooperation is the key: a handbook for community use in reducing teenage pregnancy. Atlanta, Georgia, Georgia Department of Human Resources, 1978, 46 pp.

SMOKING EDUCATION/CESSATION

79-0504 Califano JA Jr

To smoke or not to smoke: a really free choice for our young people. World Smoking & Health 3(3):47-48, Fall 78

79-0505 Green LW, Rimer B, Bertera R

How cost-effective are smoking cessation methods? World Smoking & Health 3(3):33-40, Fall 78

There is still no clear evidence of the the inherent or universal superiority of any method of smoking cessation. The potential advantages of different methods therefore lie in their cost-effectiveness under different circumstances. Comparing the cost-effectiveness of four types of interventions for which there were sufficient experimental data and description in 43 out of 89 studies reviewed, reveals the clear

disadvantage of hypnosis and the general advantage of group methods, especially when the group focuses on the development of behavior modification skills, often combined with some form of aversive conditioning. The circumstances under which these results were obtained are likely to be replaced with new circumstances as the new cohorts of smokers ready to quit, and the old cohorts who failed to quit before, enter the next generation of experiments and programs. The authors' major recommendation for future research and evaluation in smoking cessation would be for more thorough and consistent reporting of cost elements and more factorial designs or results differentiated on the characteristics of the smokers, to aid cost-effectiveness analysis.

79-0506 Korsak A

Motivations in smoking cessation: which are more effective - positive or negative motivations? World Smoking & Health 4(1):46-47, Spring 79

Tests were conducted on the effectiveness of various kinds of health education upon 1,000 patients in the Anti-Smoking Clinic in Warsaw, Poland. Five groups each containing 200 individuals used five different methods. The results indicate that positive motivation and positive models are more effective in changing smoking attitudes and behavior than negative motivations.

79-0507 Schwartz JL

International conference on smoking cessation: chairperson's report. World Smoking & Health 3(3):7-11, 48, Fall 78

Smoking cessation methods have become widely available in North America, Western Europe, and Eastern Europe. In the developed countries smoking rates have declined while the reverse is true in the developing countries where few efforts are aimed at controlling the consumption of cigarettes. These were some of the findings of the two and one-half day International Conference on Smoking Cessation, held in New York City in June, 1978, under the sponsorship of the American Cancer Society, in cooperation with the World Health Organization and the International Union Against Cancer. The Conference brought together 90 scientists and practitioners engaged in smoking control and cessation efforts from 22 countries to exchange ideas and information and share common problems and experiences. Discussions and papers focused on the newest control methods and techniques.

79-0508 Simonds SK
Toward a nonsmoking society. Health Values: Achieving High Level Wellness 2(1):22-30, Jan-Feb 78

79-0509 Singer JL
A smoking modification program for adolescents. Health Values: Achieving High Level Wellness 2(1):44-46, 49, Jan-Feb 78

In an effort to help young people modify their smoking behavior, the author has developed, analyzed, and evaluated four approaches to smoking modification for adolescents. The four approaches were based on providing varying degrees and types of awareness, support, and active involvement by means of publicity, education, and group sessions. It was hypothesized that the greater the degree and amount of cognitive, affective, behavioral, social, psychological, and personal awareness, support, and active involvement, the greater the likelihood for tobacco consumption reduction. The awareness aspect was intended to help people make a well-thought-out and rational decision concerning their smoking behavior while the support aspect would encourage them to make a commitment to change their current smoking behavior. Active involvement was a necessary ingredient for value clarification which is an essential element in the behavioral change process. By varying the combinations of publicity, education, and group sessions, each approach had a different degree and type of awareness, active involvement, and support. All four experimental approaches had a three-month follow-up and maintenance period. The information provided in this article will shed some light on the objectives and content of the four approaches.

79-0510 World Health Organization
Controlling the smoking epidemic. Report of the WHO Expert Committee on Smoking Control. WHO Technical Report Series, No. 636. Geneva, Switzerland, World Health Organization, 1979, 87 pp.

This publication contains the report of the October 23-28, 1978 meeting of the WHO Expert Committee on Smoking Control. It includes discussions of various strategies for smoking control including monitoring and evaluating activities; public information and education programs; legislative and other restrictive measures; smoking cessation methods; and recommendations which address themselves to changes in the situation, particularly in the area of smoking control in developing countries.

See also 79-0452